

INSTRUCTIONS

This Police Traffic Collision Report is designed to use computer technology to read and record your printed responses. To ensure accuracy, please follow these instructions when completing the report.

When the information requested is not available or not applicable, leave that portion of the report blank.

Print in block capital letters using a black ball-point pen with a medium tip; do not use a pencil or felt-tip pen. Please follow the examples below:

ABCDEFGHIJKLMN OPQRSTUVWXYZ 1234567890

Note: sevens and zeros should not be crossed

Items requiring a box to be marked should be filled in as follows:



RIGHT



WRONG

When the information requested is not available or not applicable, leave that portion of the form blank.
Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.
Include the REPORT NO. if you are providing exchange of information to individuals involved.

If applicable to your jurisdiction, enter the Case # on all pages.

Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.

Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.

Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.

Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.

Use the Supplemental Police Traffic Collision Report to capture information on additional units.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT
(See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -

Yes No

- | | | |
|---|-------|-------|
| 1 A truck with at least 2 axles and 6 tires? | _____ | _____ |
| 2 A bus with seats for 16 or more people, including driver? | _____ | _____ |
| 3 Any vehicle requiring a hazardous material placard? | _____ | _____ |

STOP - If response to all above questions is "No", do not complete the Commercial Motor Carrier portion of report.

- | | | |
|--|-------|-------|
| 4 A fatal injury? | _____ | _____ |
| 5 An injured person who was transported for immediate medical attention? | _____ | _____ |
| 6 A vehicle which was towed because of disabling damage? | _____ | _____ |
| 7 A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.) | _____ | _____ |

Note: If response to question 6 or 7 is "Yes", mark the "Any Vehicle Towed?" box on the Commercial Motor Carrier portion of report.

STOP - If response to the last four items is "No", do not complete the Commercial Motor Carrier portion of report.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.

VEHICLE TYPE	CARGO BODY TYPE	NAME SOURCE (CARRIER)
1 Bus	1 Bus	1 Side of Vehicle
2 Single-unit Truck; 2 axle, 6 tires	2 Van/Enclosed Box	2 Shipping Papers
3 Single-unit Truck; 3 or more axles	3 Cargo Tank	3 Driver
4 Truck/Trailer	4 Flatbed	4 Log Book
5 Truck Tractor (Bob-tail)	5 Dump	
6 Tractor/Semi-Trailer	6 Concrete Mixer	
7 Tractor/Doubles	7 Auto Transporter	
8 Tractor/Triples	8 Garbage/Refuse	
9 Other/Cannot Classify	9 Other	

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS

STATUS OF PEDESTRIAN/ PEDALCYCLIST	SEAT POSITION	AIRBAG	RESTRAINT SYSTEMS	EJECTION	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS	INJURY CLASS
1 Bicyclist	7 4 1	1 Not Airbag Equipped	1 No Restraints Used	1 Not Ejected	1 Helmet Used	1 No Injury
2 Tricyclist	8 5 2	2 Airbag Equipped -Not Activated	2 Lap Belt Used	2 Totally Ejected	2 Helmet Not Used	2 Dead at Scene
3 Person on Foot	9 6 3	3 Airbag Equipped -Activated	3 Shoulder Belt Used	3 Partially Ejected	3 Other	3 Dead on Arrival
4 Roller Skater / Skateboarder		9 Unknown	4 Lap & Shoulder Belt Used	9 Unknown		4 Died at Hospital
5 Non-Motorized Wheelchair			5 Child Infant Seat Used			5 Disabling Injury
6 Motorized Wheelchair	10 Other Position*		6 Child Convertible Seat Used			6 Non Disabling (Evident Injury)
7 Flagger	11 Position Unknown		7 Child Built-in Seat Used			7 Possible Injury
8 Roadway Worker	12 Motorcycle		8 Child Booster Seat Used			
9 Emergency Response Personnel	13 Outside of Vehicle		9 Unknown			
0 Other*						

* DESCRIBE IN THE NARRATIVE.